

## Primary Care/Behavioral Health Integration Behavioral Health Homes

Mental Health Advisory Council

September 17, 2013



## Overview of Mosaic Services

- Outpatient mental health clinics
- Offsite counseling services
- Residential services and housing development
- Vocational services
- Outpatient addiction treatment
- Adult medical day program
- Targeted case management
- Psychiatric rehabilitation programs
- Residential crisis services
- Capitation program
- Mobile treatment (soon to be ACT)
- Child & adolescent PRP
- TAY residential
- Get Connected



## Topics To be Covered

- Why should we care about BH/primary care integration?
- Why don't more providers practice BH/primary care integration? What are the specific barriers to integrated care?
- How can we integrate primary/BH care?
- Does integration work? Is it worth it?
- Health homes as an "integrated" model.

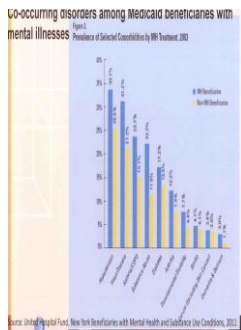


## Behavioral Health is Essential to Health (from SAMHSA report 4/5/10)

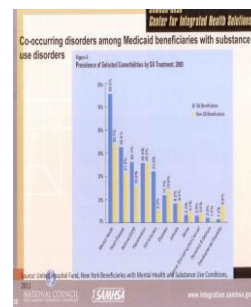
- Almost 25% of all adult stays in US community hospitals involved mental health or substance use disorders
- People with serious mental illnesses have shortened lifespans, on average living only until 53 years of age
- 44% of all cigarettes consumed in the US are by individuals with a mental illness or substance use disorder
- Almost one-quarter (24%) of pediatric primary care office visits involve behavioral and mental health problems
- Mood disorders rank #1 in work loss costs, 2<sup>nd</sup> in total costs & 3<sup>rd</sup> in health care costs
- People with mental health problems reported the highest rates of lack of health insurance of all disability groups



## Co-Occurring Disorders Among Medicaid Beneficiaries with Mental Illnesses



## Co-occurring Disorders Among Medicaid Beneficiaries with Substance Use Disorders



## Barriers To Good Primary Care For the BH Population

- Clinical issues (paranoia, trust issues)
- Discomfort/Ignorance on the part of the PCP
- Problems communicating with the PCP and adhering to treatment regimens
- Financial concerns for PCPs (time required to build relationship, render good care)
- Problems accessing specialty care for Medicaid, uninsured
- Transportation; child care



## Benefits To Integrated Care

- Improved access to care
- Stigma reduction
- Outcomes vs process focus
- Convenience for the individual
- Improved medical outcomes
- Medical cost offset
- Reduced inappropriate use of ED, inpatient care

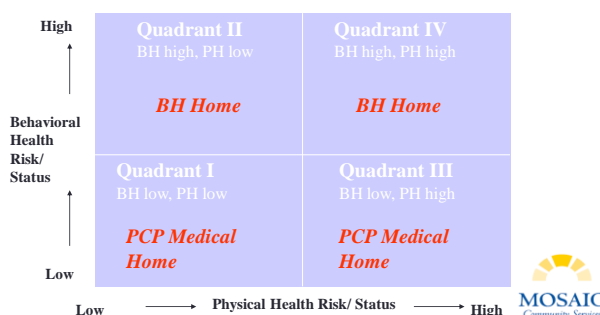


## Barriers to Implementing Integrated Health

- Collaboration across two different cultures
  - Resistance, stigma, comfort level, understanding of language, practice norms
- Space
  - Integrated care not incorporated into facilities planning
- Systems issues
  - Funding streams, paneling, billing, documentation, EHR



## National Council Four Quadrant Integration Model



## The Levels of Systematic Collaboration/Integration

- Level One – Minimal Collaboration
- Level Two – Basic Collaboration at a Distance
- Level Three – Basic Collaboration On-Site with Minimal Integration
- Level Four – Close Collaboration On-Site in a Partly Integrated System
- Level Five – Close Collaboration Approaching a Fully Integrated System
- Level Six – Full Collaboration in a Transformed Fully Integrated Healthcare System



## Mosaic Current Integrated Care Strategies

- Medical Day Care
- Co-location with FQHC
- Reverse Co-location – primary care practice located in Mosaic facility
- Wellness and health initiatives – bi-monthly educational series, research initiatives
- Mosaic owned and operated primary care practice
- Capitation program
- Electronic health record & data analytics software
- Behavioral health home (not yet implemented)



## Services Offered Through Mosaic's Primary Care Practice

- Grant program begun in Oct. 2010 – MD Community Health Resources Commission & Stulman Foundation
- Originally targeted MH, SA or co-occurring who hadn't had a primary care visit in at least 6 months
- Hired a somatic nurse practitioner and somatic care coordinator
  - Conducted thorough history and assessment
  - Collaborated with BH providers, other specialists
  - Provided linkage to social services, benefits



## Education Component Wellness Activities

- Medical Illness: Unpacking the Mystery of the Message
- Physical Activity: Improving My Mind, Improving My Body
- Substance Abuse: The Weight of a Thousand Horses
- Injury and Violence Prevention: Practicing Caution
- Environmental Awareness: Taking a Deep Breath
- Finding Happiness: Can I Do It By Myself?
- Medication Compliance: What Is Really Important?
- Nutrition and Special Diets: Dance With Me
- Meditation: A Tool For Inner Peace
- Responsible Sexual behavior: No One Takes Better Care of Me Than Me



## Outcomes Measured – Year One (Oct. 2010 – Oct. 2011)

- Total enrollees – 259
- Total # of encounters - 1006
- # of ED visits – somatic/psychiatric - 26
- # of inpatient admissions – somatic/psychiatric – 11  
(in the year prior to MIH – 98 inpatient, 107 ED visits)
- # of consults with psych practitioner - 148
- # of individuals prescribed meds for somatic condition - 33
- # of individuals Assisted in Enrolling In MA/PAC/MC - 57
- # of individuals Referred to PCP - 214



## MIH Data Collected

- Quarterly
  - Blood Pressure
  - Body Mass Index
  - Waist Circumference
  - Tobacco Use
  - Client Satisfaction with services/health outcomes
- Every Six Months
  - ED Admissions
  - Inpatient Admissions
  - Inpatient Admission within 30 days of hospital discharge
  - Nursing Home Admissions
  - Number of Wellness Groups Provided
- Annually
  - Plasma Glucose/HgbA1c
  - Unduplicated MIH Clients



## Behavioral Health Homes

- Allowed under the Affordable Care Act
- Provides federal match for planning activities plus 90% FMAP for first 8 quarters after state plan approval
- Eligibility – individuals having two or more chronic conditions (asthma, heart disease, etc.) OR one SPMI
- Provider standards:
  - Coordination of high-quality services, including prevention and EBPs (MUST include MH and SA)
  - Must be person and family-centered
  - Must coordinate access to long-term care supports
  - Capacity to use health IT



## Maryland's Behavioral Health Home Initiative

- Set to start in October 2013
- For individuals diagnosed with an opioid substance use disorder that is being treated with methadone AND one other chronic condition OR a serious mental illness and meets eligibility for PRP.
- Providers must be approved or licensed as a PRP OR outpatient methadone provider AND be accredited by CARF as a health home. Must also have contracts or MOUs with inpatient facilities to formalize discharge planning.
- Must have a substantial number of MA clients
- Ability to provide 24/7 coverage / EHR



## Required Health Home Services

- Comprehensive care management;
- Care coordination and health promotion;
- Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
- Individual and family support, which includes authorized representatives;
- Referral to community and social support services, if relevant; and
- The use of health information technology to link services, as feasible and appropriate.



## Health Home Staffing

- Nurse Care Manager: .5 full-time equivalent (FTE) per 125 Health Home enrollees
- Health Home Director: .5 FTE per 125 Health Home enrollees
- Physician Consultant: 1 hour per Health Home enrollee per 12 month period
- Everyone involved in the individual's care!



## Your Role in Making Mosaic's Health Home a Success

- Be sure to assess the whole person
  - mental health needs/changes?
  - substance abuse needs/changes?
  - somatic care needs/changes?
- Communicate quickly and concisely when you notice a change in condition
- Follow up with recommendations from doctor visits and other interventions
- Assist the client in learning to manage his/her own health
- Your are the expert – we need your eyes, ears and communication skills!



## Resources

- DHMH's Health Home Site
  - [http://dhmh.maryland.gov/bhd/SitePages/Maryland Health Homes.aspx](http://dhmh.maryland.gov/bhd/SitePages/Maryland%20Health%20Homes.aspx)
- Center for Integrated Health Solutions
  - [http://www.thenationalcouncil.org/cs/center\\_for\\_integrated\\_health\\_solutions](http://www.thenationalcouncil.org/cs/center_for_integrated_health_solutions)
- SAMHSA
  - <http://coce.samhsa.gov/products/behavioral-health.aspx>



## Questions?

